

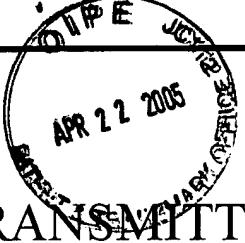
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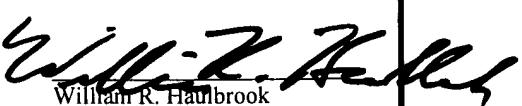
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**TRANSMITTAL
FORM**

	Application Serial Number	09/841,325
	Filing Date	April 24, 2001
	First Named Inventor	Modell
	Group Art Unit	3737
	Examiner Name	Smith, Ruth S.
	Attorney Docket No.	MDS-009CN
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Confirmation Copy of Amendment/Response filed by facsimile <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]		
<input type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414	Respectfully submitted,  William R. Haulbrook Attorney for Applicant(s) Goodwin Procter LLP Exchange Place Boston, MA 02109

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PATENT
Atty. Docket No. MDS-009CN
(120407/156456)

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APPLICANTS:	Modell et al.	CONFIRMATION NO.:	6590
SERIAL NUMBER:	09/841,325	GROUP NUMBER:	3737
FILING DATE:	April 24, 2001	EXAMINER:	Smith, Ruth S.
TITLE:	Spectral Volume Microprobe Arrays		

**RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
ART UNIT 3737**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. § 1.116

This paper is responsive to the Office action mailed from the U.S. Patent and Trademark Office on March 21, 2005, in the above-identified patent application.

Applicants believe that no fee is required upon submission of this paper; however, if any fee is due, the Director is authorized to charge the required fee for this submission to Deposit Account No. 07-1700.

Applicants respectfully request entry of this Amendment and Response, reconsideration and withdrawal of all grounds of rejection, and passage of the claims to allowance.

Amendments to the Claims are reflected in the listing of the claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.